COMBINED DECLARATION AND POWER OF ATTORNEY (ORIGINAL, DESIGN, NATIONAL STAGE OF PCT)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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(a)		tached hereto.		
(b)	was	filed on	as Serial No. 09/, as Serial No. net yet kn	or
	Express Mail	No	, as Serial No. net yet kn	own, and was amended on
(a)		(if applica		
(c)	filed on	described and claimed	in PCT International Applicat	tion No.
	med on	and amend	led under PCGT Article 19 on	(if any).
			derstand the contents of the abnendment referred to above.	ove identified specification
		ity to disclose informates \$1.56(a).	ation which is material to pate	entability as defined in Ti
		P	RIORITY CLAIM	
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POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Thomas G. Eschweiler, Registration No. 35, 981 Eric M. Highman, Registration No. 43.672 Gregory J. Adams, Registration No. 44,494 William J. Cooper, Registration No. 44,629

The undersigned to this declaration and power of attorney hereby authorizes the U.S. attorney(s) named herein to accept and follow instructions from Name(s) of authorized representative(s) as to any actions to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney(s) and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. attorney(s) will be so notified by the undersigned. Send Correspondence To: Direct Telephone Calls To: (name and telephone number) Thomas G. Eschweiler, Esq. Eschweiler & Associates, LLC Thomas G. Eschweiler, Esq. National City Bank Building (216) 502-0600 629 Euclid Avenue, Suite 1210 Cleveland, Ohio 44114 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under Section 1001 of title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued therein. Full name of sole or first inventor, Martin Ostermayr Inventor's signature: Date: Country of Citizenship: Germany Residence: Feldkirchen, Germany Post Office Address:___ Ludwigstr 9 D-85622 Feldkirchen, Germany Full name of second joint inventor, Inventor's signature: _____Country of Citizenship: _____ Date: Residence: Post Office Address: CHECK FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION Signature for third and subsequent joint inventors. Number of pages added _____. Added page to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application. X This declaration ends with this page.